City of Council Bluffs, Iowa

Application for Master's Registration

Pursuant to Chapter 13.12 of the Municipal Code

The undersigned hereby makes application for a registration expiring on June 1st as follows:

follows:			
Duein Classes Master	ACTIVE \$ 75.00	INACTIVE	
Drain Cleaner Master Lawn Sprinkler Master		\$ 35.00 \$ 35.00	
Water Softner Master			
Fire Sprinkler Master	\$ 73.00	\$ 55.00	
MASTER'S NAME:			
COMPANY NAME:			
MAILING ADDRESS:			
CITY:		STATE:	ZIP:
DAY PHONE: ()		FAX: (_)
Social Security #:			
\$ 10,000.00 Surety		Expiration	
Bond Policy #		-	
, —————			
Certificate of		Expiration	
Insurance Policy #		Date:	
Applicant's Signature:			Date:
Return to: City Clerk, 209	Pearl, Counc	il Bluffs Iowa, 51:	503
Half fee for a registration iss	ued after Deco	ember 1st.	Approved by:
Paid by: Cash / Check# Expiration: June 1,		Date:	Receipt #
Type: Active or Inactive	Amount Pai	d \$	

Attachments: Bond & Certificate of Insurance

STATE REGISTRATION: You should be registered with the State of Iowa as a

contractor.

If you have any questions regarding this you can phone 1-800-562-4692.